

DISCUSSION ON THE PRECEDING PAPER

DR. LAIRD trusted that Col. Harrison's counsels would bear fruit and that the modern set-up would be as close to the proposals he had put forward as possible. There was only one specific point he would like to add; he thought that not only should there be conferences between the venereal disease staff of the region, but that there should also be inter-regional conferences at least between the directors of each region.

DR. McLACHLAN said that many wondered what would happen when the new scheme came into operation and they departed from public health to hospital service. Some had said, "The only thing which will be different will be the signature on the bottom of the pay cheques." That was a view he did not entirely share.

In venereal disease there were various sets of problems, and a solution effective in the compressed urban areas such as London would not always be so in the rural areas. Bristol had a town population of over half a million, but there were also many patients in rural areas. Dr. McLachlan was depressed about the standard of diagnosis and treatment at many outlying clinics, and wondered what mechanism a regional director would have to raise the standard. He agreed that regionalization and central recording should make many problems, for example, those of contact tracing, much easier. A number of cases of double notification under Regulation 33B had been found recently, for example, one in Bristol and the other in an adjacent administrative area. Some of the more refractory patients had only been brought under treatment when the two Forms 1 were finally linked. A regional scheme would make contact tracing easier and more complete.

While all the schemes were primarily directed to treatment, there existed a great need for research into serology, the efficacy of drugs, and so on. He felt that venereologists should be encouraged to do some wider research and not necessarily be limited, as at present, to the investigations they could carry out along with their routine clinical work.

DR. LETITIA FAIRFIELD spoke not primarily as a venereologist, but as someone interested in the hospital services. When the National Health Service took over next year there would be great difficulty in implementing the public expectations of medical services. The nursing situation was such that it would be difficult to get enough nurses to deal with acute surgery, with midwifery, and with other urgent and acute hospital problems. When there was competition the venereal disease service was pushed to the bottom of the list. However well disposed the regional authorities might be, and however well organized, unless the venereal disease service itself had a very fair idea of what it wanted and why, under the amalgamated service conditions would be even worse than they

were today. It was important to make the demands as economical as possible.

With regard to the question of the efficiency of the present service, there was some anxiety about the standard all over England. She would give two examples. When she was appointed in 1940 to look after the medical service of the A.T.S. she found that the A.T.S. had not been allowed a specialist venereal disease service of its own and had to use the existing civilian service for the women. The appalling standard of the work of this service in whole areas caused inexpressible anxiety. It was dreadful to realize that it was the only service available to the civilian population in parts of England and Wales after twenty-five years of venereal disease schemes. When the A.T.S. got its own specialist staff going in the R.A.M.C. and could look into the results of their work and check it up, the kind of result which was wanted for the civilian population was obtained.

The second matter was the question of false positive blood tests. The London County Council was the first big authority which started to do routine Wassermann tests for very large antenatal clinics and it was found that large numbers of false-positive results were reported. Often when the history and after-history had been carefully gone into there was great doubt about the diagnosis of syphilis being correct.

She hoped that there would be a close liaison with the new public health service for social work. There was still a tendency in some clinics at present to ignore the social aspect. The attitude to social service in many of the hospital clinics—particularly in the provinces—was often apathetic, and education was needed not only among the general public but amongst their own ranks. She hoped that the regional bodies would co-operate readily with the health staffs for job-finding, contact-tracing, etc.

DR. DOUGLAS CAMPBELL said the regional scheme had had a good preliminary trial under Army auspices, where Brigadier Osmond had control of specialists, advisers, and consultants serving over large areas. Conferences were held under his chairmanship at the War Office, and some of the medical officers were able to come back from regions overseas to partake in these conferences and give opinions from the field. It was to be hoped that such a scheme could be devised to link up venereology all over the country.

Although the Army had provided some very efficient venereologists, some excellent trainees, and some quite good technicians, nevertheless frustration and difficulties were experienced. The work of the venereologist, especially in the difficult times of sulphonamide-resistant gonorrhoea and until penicillin was available, was a twenty-four hour job and was often done under the worst possible conditions. Almost without exception the average colonel commanding a hospital who found that he had to provide room for a venereal

disease unit was disgusted to the degree that he insulted the persons picked upon. They were disliked because they were venereologists, they got the least help, and the worst provision of accommodation and staff. The work of the special venereal disease treatment orderly was infinitely more important than that of many nursing sisters in that he was left on his own, but the means of selection of the special treatment orderly very often was to parade the worst men in the unit and say, "Go and be taught to be special venereal disease treatment orderlies." He did not think that they would be a great deal better off under the regional body.

Dr. Campbell thought that, with few exceptions, the venereal disease department did not get its adequate position in a hospital, certainly not as regarded building and other accommodation. Unless a strong position was taken up by the Society in the immediate future, all the shortcomings of the present scheme would be carried forward; the longer it was left the more difficult it would be to rectify the matter.

It was the opinion of many that venereal disease pathology would be passed to the general laboratory. Col. Harrison had raised the question of the very high standard necessary. In the Services they were dependent on a general laboratory to do serology, and very often the pathologist, eminent as he might have been, had never done, much less supervised, venereal disease serology and one spent many difficult hours trying to sort out the conglomeration of results obtained from these otherwise efficient laboratories. He was afraid it was part of the scheme that the maligned venereal disease laboratories would die out and their work become a minor part of the laboratory service.

MR. A. J. KING said that there were arguments against adding to the numbers of specialist diplomas—there were already so many of them; but on the other hand unless there was some recognized examination it seemed to him that the only alternative was to insist upon so-called higher qualifications for those who joined the ranks of venereal disease specialists in future. It had happened in the Services, and it still happened in civil life, that there was a certain type of person who sought to enter this work because he or she regarded it as a quick and easy way to the status of specialist. Venereology was not an easy special subject, but some people had found an easy way into it. Unless there was some method of ensuring standards of ability and competence the service would be flooded out with people of inferior ability who lacked a proper interest in it.

Another point in favour of a special diploma was that a number of postgraduate students were coming to this country from the Dominions and elsewhere abroad to study this subject, and it was important for them to be able to take back some tangible evidence of the good work they had done.

Research work in venereology had lacked official support and had been left to the sporadic efforts of a few clinicians and pathologists who

were already fully occupied. It was important that research should be encouraged, and it was important too that there should be some centre or centres at which specialists and others should be able to revise their subject and bring themselves up to standard. For that purpose it seemed desirable that there should be a hospital in London or elsewhere which was entirely devoted to venereal diseases, staffed by a specialist staff and without competition for beds with other diseases and other special subjects such as existed in the large general hospitals. Most other subjects had special hospitals—neurology, cardiology, laryngology, ophthalmology, and so forth—and there should be a special hospital for venereal diseases.

DR. LEES endorsed what Mr. King had said. They must put their own house in order and set a high professional standard for themselves. Too many people were creeping in trying to find an easy way to specialist recognition. A great many of them had the flimsiest knowledge of general medicine, still less had they a knowledge of diagnostic methods, epidemiology, and serology. Even if there were a course of training of not less than five years in venereal disease this specialty would still remain the Cinderella of Medicine.

Dr. Lees felt they should stop as soon as possible the practice of putting general medical practitioners in charge of clinics. Many of these men had no interest in the work, and were not up to date; they took on the job for the guineas it brought, but neglected the clinic and left a great deal of the work to orderlies. The laboratory service had to be improved in many respects, and even in such distinguished laboratories as those attached to medical schools and universities it was unfortunately the experience that diagnosis, routine serology, and so on, was left to technicians or very junior members of the staff who changed fairly frequently. The venereal disease service had financed many of these laboratories to a large extent and was entitled to demand the high quality of service essential for the work.

DR. McELLIGOTT said that, when the Council asked Col. Harrison to give this address, the date was put forward as far as possible in the hope that particulars of conditions in the National Health Service might be available. Though these conditions were still under discussion, it was known, at any rate, that the venereal diseases service was to be the responsibility of the Regional Boards. It was thus the responsibility of venereologists to do all they could to impress on these bodies the importance of the specialty, and by legitimate lobbying to interest colleagues in other specialties in the activities of this one. The Ministry had asked the advice of both Col. Harrison and himself. This advice had been freely given, but to what extent it had been acted upon remained to be seen. He hoped that the venereologist of the future would concern himself not only with the diagnosis and treatment of the early and infectious stages of disease but also with its later manifestations, and that he would also interest himself in its epidemiology and social implications

as well as in the prevention of its spread. If that was not a satisfactory life's work, he did not know what was.

Regional Boards would doubtless be acquainted with the general principles they would be expected to follow with regard to the various specialties, but, as Dr. Lees had pointed out, it would depend to a large extent on the specialists themselves what impressions these recommendations made on the Boards. The problems of venereal disease were now very much before the public. When their incidence began to decline, as it inevitably would do, public interest would assuredly flag.

He hoped that it would be possible for regional advisers to be appointed. This did not mean that there should be a venereal diseases "gauleiter" in every region, but that there should be somebody whose duty it would be to inform himself on the activities of the specialty in the region and to whom the regional board could turn for advice. These advisers would be able to meet at stated intervals and a really useful exchange of views would be possible.

The Goodenough report had said that it took five years to train a specialist, and with this he agreed. The specialty would continue to be a "Cinderella" if a high standard were not set. He himself had spent five years of his career in complete clinical isolation and knew from experience how undesirable this was. The idea of principal and subsidiary clinics being linked together was an excellent one, if only because it would do away with this clinical loneliness.

He agreed with everything that Col. Harrison had said about laboratory facilities and that a central reference laboratory was essential if there was to be anything like uniformity in results. If one man in every region made it his business to know something about the "form" of the laboratories in his region, then much could be done to keep the standard high. It was not difficult to know something about half a dozen serologists but quite impossible to know anything about a hundred.

Dr. Fairfield had spoken about economy. In many respects the venereal disease service had been a "cut-price" one. There were many clinics where medical officers had no access to a microscope; under such circumstances it was difficult to expect him to be keen. He was all against extravagance, but necessary equipment and, indeed, conditions of service should be laid down on expert advice and should be constantly under review in the light of changing circumstances.

He agreed with Dr. Campbell about the importance of conferences. He knew little about the status of the Army venereologists, but in his experience in the Royal Air Force, the specialty had had a square deal.

What were the requisites of a good venereologist? First, he must be a good doctor; secondly, he must be keen; and thirdly, he must have devoted a minimal time (to which he had already alluded) to his specialist training. Possession of a diploma would be an additional advantage provided only that the examination was of a high standard and that the status of the examining body was likewise high.

He looked forward to the day when clinics for venereal diseases would be the responsibility of those who had made the specialty their life's work, and he considered that even today the opinion of a trained specialist should be obtainable free of charge by all who need it. He had succeeded to Col. Harrison's chair at the Ministry at a most important time, but his colleagues could rest assured that he was in complete agreement with what the Colonel had told them and indeed with the opinions of most of the other speakers that afternoon.

DR. BURGESS said that the National Health Service would provide a splendid opportunity for improving the venereal disease service but it was unfortunate that it would not be unified. The Regional Hospital Boards would be responsible for the clinical side and the County Borough and County Council Health Departments would still be responsible for prevention. If liaison could be established between the clinical and preventive sides it would greatly improve the service. The same sort of thing would help in the social service. There would be almoners at the clinics, and also social workers employed at the public health departments whose job it would be to deal with the notifications under Regulation 33B sent to the medical officer of health. If there could be some close link between the almoners and the social workers it would be a great improvement. Dr. McElligott had mentioned the question of a diploma and who should issue it. Theirs was the only recognized Society for venereal diseases in this country, and a diploma issued by the Society would be of value.

DR. DAVID NABARRO said he was a member of the Association of Clinical Pathologists, which thought that clinical pathology would play an important part in the new service. It felt that higher qualifications were necessary and that five years' training at least was required before a man or woman could become a clinical pathologist. At a recent meeting they had discussed the question of the Association itself granting a diploma, and they concluded that if anybody were to grant a diploma in clinical pathology it should be themselves—who knew so much about the subject—rather than the Royal College of Physicians or Surgeons. He agreed that if there was to be a specialist diploma in venereology the M.S.S.V.D. should be the body to grant it.

The pathology in the past had been done very inadequately in a number of different laboratories, and if that part of the work could be more reliably done in the future a great deal would be gained. As Dr. Fairfield pointed out, it was very important to the family and also to the State that a correct diagnosis, whether positive or negative, should be established. He was afraid that a number of pathologists did not realize its importance and the responsibility which was on them when they issued a report. If it were possible to get them to realize the importance of the results of their tests, much would have been gained.

The integration of social service with treatment and prevention was important; they should all, if possible, be under one director.

LIEUT.-COL. J. W. EAMES speaking as one who had been the officer commanding several hospitals during the war, said that he had never relegated the venereal disease department to the worst part of the hospital, but had always done his best to help the venereologists attached to his hospital, and the same could be said of his confrères. In wartime, owing to expansion, one was bound to recruit bad as well as good material, and that often accounted for the work of some special treatment orderlies not being of as high a standard as might be desired.

With regard to pathologists, the fact that in wartime some had possibly not had much experience in serology was due to expansion, which inevitably necessitated this work having to be done in some cases by those who had not had the experience usual in peace-time.

DR. HANSCHALL said that after Col. Harrison's address it was perhaps natural for his audience to think of all the things in the venereal disease service that they had disliked, and to demand that they be now put right; and a listener to some speakers after Col. Harrison could easily have got the impression that up to the beginning of the war 1939-45 the country had been very ill-served in the organized medical care of venereal disease. Such impression would be wrong, and proved wrong by consideration of the actual incidence of venereal diseases in this country up to 1941. It had been forgotten, apparently, that under the existing venereal disease scheme in this country, from 1921 to 1940 inclusive, there had been a great fall in the incidence of these diseases. In 1916, in the midst of the then world war, the first few venereal disease treatment centres for the civilian population were set up. This service in 1920 was expanded under the aegis and continuous guidance and advice of Col. Harrison at the Ministry of Health—and the definite decrease in incidence began in 1921. The fall was especially, and significantly, in syphilis—significantly because it was only for syphilis that specific treatment, and specific serum test, were then to hand; and the essence and sovran recipe for success of that scheme had been expert diagnosis and treatment in special centres, set up conveniently for that purpose. Moreover, the published promise of strict professional and civic confidence emphasized indirectly, yet properly and happily, that the treatment centre was for treatment and not for inquisition and telling on others. In fact, throughout the years up to 1941, in so far as incidence was concerned, this country had compared favourably with nearly all others and unfavourably with none; and that without any of those legal instruments of compulsion boasted for some other countries, and sometimes longingly boosted in this—with no better results whatever. The Armed Forces got their venereal disease, presumably, from civilians—and so much had it been reduced in our civilian population

that in 1940 the Army Consultant in venereal disease could tell them how very small was the incidence in the Army. Was anyone claiming it to have been larger in the civilian population?

Of course, venereal disease services, like everything else, could have been improved—but he asserted confidently that those services could not have been all that much inadequate; ill-guided; manned with, so many of them, second-rate, part-time, medical officers; and yet have produced such good results. Either the results were phenomena unrelated to that still existing and now decried venereal disease service—and a venereal disease service was then a foolish waste of men and resources—or, if related, then that service had not been a bad one. Col. Harrison was, indeed, to be congratulated on those results—a legitimate source of pride and satisfaction to him on relinquishing his onerous duties at the Ministry of Health, where, in the face of the great obstacles of civic and professional apathy, finding its ready excuse in financial stringency, he had managed uncommonly well in conjuring up and keeping alive the best venereal disease service of any country; with, at any rate up to 1941, not one medical boss and not one policeman in it. Its ideals and principles, chief of which had been professional freedom in adequate treatment centres, under strict confidence, should be maintained and fostered.

DR. MASCALL said he would like to see a return to the time when all clinics were under inspection, because he felt sure that if a medical officer was running his clinic on proper lines he would not fear inspection; in fact he would welcome it. He remembered that when this was the custom one did not know when the inspector would arrive and so one was kept on the alert. At that time he was absolutely isolated, and there was nobody with whom he could discuss professional matters and difficult cases. It was a help, however, to know that certain standards were expected, and to try and improve on them. He was convinced that, if the future service was going to improve the standard of work in the field of venereology, it would be essential to have a senior specialist in every region to keep his eye on what was going on in the various clinics in the district. He thought that a considerable amount of opposition would come from the medical officers of health who would not like losing their part-time venereal disease officers. The average M.O.H. was not interested in venereal disease, which was rather an irksome sideline.

He had had experience of a combined appointment and it was most unsatisfactory. As maternity and child welfare officer, smallpox officer, and occasional meat inspector, as well as venereal disease officer, he had not uncommonly been called to a confinement or something else urgent in the middle of a venereal disease session, and this call usually ended the session as there was nobody else to carry on. It was unfair to the patients who had often come from a distance. The leave question was also a problem. When he went on leave a general practitioner, who

admitted that he had had practically no experience of venereal disease work, was brought in to carry on. Before he departed he had to go through all the current cards and write down for the locum in pencil what had to be done. These instructions, if carried out, were filled in in ink on his return. It did not help towards a peaceful leave.

He would like to support strongly the idea of a Diploma in Venereology. Many doctors dabbled with the specialty for years but really had only a very superficial knowledge of the subject. It was possible for a person to complete the specified 130 hours in a clinic and yet at the end of it to know practically nothing. He thought that an examination would test the knowledge and experience gained during the period of tuition and so tend to raise the standards of venereology. Whether this Society without the support of the Royal Colleges or some other examining body was weighty enough to issue a diploma he was not sure.

MAJOR SCOTT had seen a number of trainees who were merely content to learn the basic principles of the subject and spend the minimum amount of time in a venereal disease clinic before moving on to the fields of medicine and surgery which they appeared to think were worthy of more time and labour. On one occasion a trainee asked him what he should read, and when he mentioned works by Harrison, Pelouze, and Stokes he was informed that books such as these were much too comprehensive, and would not a study of the *Aids to Venereology* be quite adequate to achieve the standard of a graded venereologist? This he thought was a fair reflection of the interest they had in venereology.

Contact investigation was very important, but a great number of doctors thought it was not the sort of thing they should have to do. When abroad he had often the full responsibility of having to visit venereal disease contacts and persuade them to have treatment. This was of course impracticable at home, and in any case welfare workers and almoners had the matter well in hand.

The liaison between the pathologist and venereologist was more important than ever, now that more blood tests were being performed. He found a great deal of his day taken up in studying difficult serological problems with the pathologist, and it was only by each taking a sympathetic attitude to the other's problems that good and accurate results could be obtained.

DR. C. S. NICOL said he agreed with Mr. King and Dr. Lees on the importance of having a definite policy, rather than a discussion within these four walls only, if the study of venereal diseases was to be a specialist branch of medicine. Dr. McElligott had said that negotiations were still going on, and although the decision about a diploma was difficult, he felt that one granted by the Royal Colleges would carry more weight. He did not think they could decide on that point immediately, but it would help their cause in

general if the Council of this Society issued a statement of suggested qualifications for a specialist in venereology. Although nobody agreed that it was the right standard, the attendance of 130 hours at a clinic was the current standard, and it might be very helpful if some statement was made by the Council in the first place, including their views about a diploma.

He very much disagreed with Dr. Hanschell's suggestion that venereology could be efficiently practised as part-time work. In any other subject the specialist was not part-time in his speciality. Dr. Mascal had given his experience of what could happen in a clinic; they did not want that sort of thing to happen in future. However keen a part-time specialist might be, he could not do such good work as one who devoted all his time to the subject.

DR. JACOBSON said that some of the points brought back memories of the problems considered many years ago in pre-Hitler Germany and which seemed to be the same in every part of the world. In Germany the Venereal Diseases Society was not quite the same as the Society here, because it included eminent lawyers, sociologists, and people who were generally interested. It gave a great impetus to public awakening to the necessity of controlling the spread of venereal disease.

Mr. King did not speak only of the necessity for a diploma, but asked also for a specific venereal disease hospital in London, and that, he thought, was of the utmost importance. The Society should see to it that there should be created properly equipped venereal disease clinical departments in the teaching hospitals where every facility for research would be given. If they did not have venereal disease departments with beds attached, as in many other countries, venereal disease clinical research would be impossible and it would not be possible for a young and new generation to be trained as specialists. He thought it was necessary to have five years' training, one of which should be devoted to V.D. pathology. In other countries the serological department was under the charge of the V.D. specialist and he did not see why that should not be so here. Also the pathologist could work in the V.D. department to see the way in which laboratory results were interpreted, and thus he would understand the necessity for and the importance of the serological work.

With regard to part-time specialists, in 1928 in Germany, medical officers of three to five years' experience in venereal disease were given the appointments. When the evening clinics were set up these senior assistants had to devote two or three evenings a week to the venereal disease clinics, where they did very good work.

COL. HARRISON, in reply, thanked the members for the kind way in which they had received his suggestions. He was particularly thankful to Dr. Hanschell for relieving the gloom in respect of the service as it existed at present. He agreed that in their anxiety for reform they had overlooked the

good points of the existing service. Undoubtedly, the rates in the Services during the war testified to the cleanness in respect of venereal diseases which had been achieved here in the years between the two wars, and much of the credit for that was due to the present service with all its imperfections. He would like to emphasize that they should be unanimous with regard to the establishment of regional consultants, and also on the principle of headquarters and subsidiary centres; if they could say that they would give nobody any peace until they had those, much would be achieved. He did not suppose that all the centres would be staffed at once with medical officers who were primarily specialists in venereal disease, but if they had regional consultants these would prevent much of that feeling of loneliness and isolation which he and many other speakers had mentioned. Unfortunately the Local Government Act of 1929 put an end to routine inspection of clinics, and he hoped that, under the National Health Service they would get back to some more intimate association of the Ministry's Adviser and other workers in the venereal disease scheme.

He thought that the regional consultants could probably be well worth their keep by preventing waste. In the early days of his appointment at the Ministry he was very depressed over the operation of "The Geddes Axe." At that time he put up a proposal for a scheme of reorganization of the venereal disease arrangements which would cost an extra £40,000 a year, and he was told that he could not get 40,000 pence. He thought seriously of resigning because he did not see how they could carry on without the reorganization. Then he thought that perhaps he could save that £40,000 by looking into the expenditure. He did so, and by pointing out to local authorities and venereal disease officers how they were wasting money in various ways that were useless to patients, a great deal more than £40,000 a year was saved;

in fact, he calculated that that sum was saved on drugs and dressings alone (extravagance in placebos, fancy packings, lavish dressings, and so on). A regional consultant would be worth his keep on this count alone.

Apart from that it was impossible for an adviser in Whitehall to supervise all the centres in the country. He used to calculate that it would take one man three years to visit them once. The visit should be made by someone practising in the specialty; the purely office inspector cut no ice with the venereal disease officer, but according to his experience the practising consultant was always welcome.

Mr. King had suggested that there should be a special hospital for the training of specialists. In the Army long ago, when the Army Medical Service was reformed after the South African War, the late Col. F. J. Lambkin had worried the War Office, until in 1909 he got a hospital established for the training of the Army venereal disease specialist; he (Col. Harrison) was one of those who trained the specialists there. He thought he could claim that the candidates did know something useful about venereal disease, including its pathology and the laboratory tests, by the time the course was finished. There was a lot to be said for a special hospital; whether it would be possible to get civilian patients of the right kind to go to such a hospital, he did not know. If a diploma on five years' training was wanted, arrangements must be made for something in the meantime.

With regard to the points raised by Dr. Burgess, he thought that the regional consultant should be the person to co-ordinate the work on the public health side with that on the diagnostic and treatment side.

He would like to think they were leaving the meeting resolved not to give anybody any peace until they had got established in the new service the principles upon which they were agreed.